GPRA and PART : Their Impact on AI/AN Health Status

"People who are committed to leading health care to change have the courage to stop being satisfied with today's averages and to raise the bar on our intended achievements."

-----Dr. Donald Berwick, President and CEO, Institute for Healthcare Improvement

Measuring Quality of Health Care for AI/AN

- Objectives
  - Data Quality
  - Performance Management Overview
    - Performance and Budget for DHHS
    - What is PART
    - What is GPRA
    - Role of PART/ GPRA in monitoring and improving health status
  - Integration of performance based budgeting
  - Clinical Indicators 05

How is Quality Measured in Health Care?

- Donabedian
  - Structure
    - Stable characteristics of the providers, tools and resources, physical and organizational structures
  - Process
    - Set of activities that go into the delivery of care
  - Outcome (intermediate and final)
    - Change in current and future health status due to antecedent health care

Different types of quality

- Content quality
  - Technical and clinical expertise
- Delivery quality
  - Interpersonal components of care
- Service quality
  - Patients requirements and needs are met

Data Quality Overview

Why should IHS measure and evaluate clinical data?

What is quality data?

- Accurate
- Non redundant
- Comprehensive and longitudinal
- Timely
- Accessible
- Comparable
  - standards-based input
  - synchronized logic for all output

Performance Assessment

- measure *what* is done and *how well*
  - valid, data-driven mechanisms generate a continuous stream of performance information
- better results can be achieved through focused improvement actions.
- used *internally* to support performance improvement
- used *externally* to demonstrate accountability to stakeholders.

Performance Budget for DHHS

DHHS Strategic Plan

What it is:

- In 1997, HHS published its first strategic plan as required by GPRA
- The current HHS Strategic Plan covers FY 2004-2009
- Per GPRA, the Strategic Plan covers a 5 year period and is updated every 3 years

How does this affect me:

- The HHS Strategic Plan drives agency performance plans and budget decisions
- HHS performance budgets link to strategic goals and objectives by setting annual performance targets
- Agencies prepare narratives for the HHS Performance Budget Plan that include performance goals related to strategic goals

Performance Budget

What it is:

- Meets A-11, congressional and GPRA requirements for a budget performance plan.
- PMA scorecard requirement to integrate budget and performance in a single document (presidents management agenda)

How does this affect me:

- Agencies incorporate changes to document submissions
- HHS consults with OMB and Congressional Committees

HHS Annual Plan

What it is:

- Meets the GPRA requirement for a Department-level performance plan
- Links annual performance plans and performance budgets
- Sets specific performance goals for the budget year
- Highlights performance measures and provides a basis for comparing program results with established program performance goals

How does this affect me:

- Agencies prepare "drop in" narratives and tables that are consistent with Strategic Plan goals

Performance & Accountability Report (PAR)

What it is:

- Meets GPRA and fiscal requirements
- Highlights performance measures and reports on targets and actual goals and current year program results
- Integrates financial and performance information
- Links to the Strategic Plan, annual performance plans and performance budgets

How does this affect me:

- Agencies prepare “drop-in” narratives and tables consistent with other performance documents and provide audit documentation

PART

What it is:

- An OMB tool to assess program effectiveness
- Informs budget decisions, management actions, and legislative proposals
- OMB assesses, scores and approves recommendation
- 20% of programs PARTed annually, 100% of programs by 2008

How does this affect me:

- Agencies:
  - -- prepare draft PART and appeal documents
  - -- implement recommendations
  - -- conduct reassessments
- DHHS:
  - -- manages Department-wide process
  - -- provides technical guidance
  - -- coordinates with OMB

Management Plan Agreement

What it is:

- Workplan agreement between HHS and OMB
- Implements the President's Management Agenda in the current fiscal year based on the BPI (budget performance integration) Standards for Success
- Requires negotiations between HHS and OMB
- Defines the outcomes and milestones for BPI

How does it affect me:

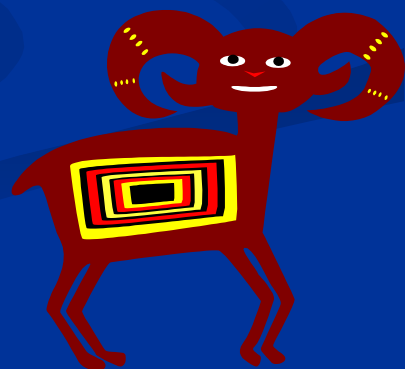
- Agencies complete the milestones and outcome deliverables due each quarter and provide reports as part of the internal and external scorecards
- Agencies are held accountable for commitments to the MPA

Performance Management Overview

PART & GPRA

Indicator Development Process

IHS Clinical Indicators



Emerging Trends in Federal Accountability Requirements

- **Results/outcomes appear to be the mantra of this Administration:** ***efficiency and effectiveness trump needs most of the time!***
- Critical Performance Activities
  - President's Management Agenda Score Card (already discussed)
  - Strategic Plan
  - PART Evaluation by OMB
  - GPRA Performance Report (quarterly report tied into budget formulation and budget evaluation)
  - IHS Director's, Area Directors' and Service Unit CEO Performance Contracts
- Continued interest in Tribal performance

The IHS Strategic Plan

A Proposed Way to Get Where We Want to Be in the Face of Uncertainty, Resistance, and Possibility

- Build Healthy Communities
- Achieve Parity in Access by 2010
- Provide Compassionate Quality Health Care
- Embrace Innovation

IHS Strategic Plan: Long Term Outcome Goals 2010

- Decrease years of potential life lost by 20% over FY02 level
- Decrease obesity rates for children (2-6 years) by 10% over FY02
- Assure that 70% of AI/AN children receive dental sealants
- Increase childhood immunizations to 95%
- 40% of AI/AN diabetic patients have 'ideal' blood sugar control
- 94% of AI/AN homes have safe and adequate sanitation

The Federal Program Report Card: Program Assessment Rating Tool

Overview of PART:

Evaluates program effectiveness in four areas: Purpose/Design, Strategic Planning, Program Management, and Program Results

→ **Results are weighted at 50% of total score**

- Results based on annual and long-term performance goals with emphasis on outcomes – *they need to be "ambitious"*
- Long and short term goals are assessed in both the Strategic Planning and Results sections

The New Political Realities of PART

- Intended to inform budget and management decisions, but scores do not necessarily related to funding levels

- The PART's subjectivity can be can effect scores + or – 15-20% based on OMB's spin!

IHS PART Reviews FY 04

IHS Direct Federal Programs – 77% Total

- Purpose – 100%
- Strategic Planning – 78%
- Management – 60%
- Results – 74%

Sanitation Facilities Construction – 80% Total

- Purpose – 100%
- Strategic Planning – 83%
- Management – 89%
- Results – 67%

IHS PART Reviews FY 05

RPMS/Information Technology - 88% Total

- Purpose – 80%
- Strategic Planning – 81%
- Management – 100%
- Results – 89%

Urban Indian Health Program – 69% Total

- Purpose – 40%
- Strategic Planning – 75%
- Management – 100%
- Results – 67%

IHS PART Reviews FY 06

Health Care Facilities Construction – 92% Total*

- **Purpose – 100%**
- **Strategic Planning – 100%**
- **Management – 100%**
- **Results – 83%**

***appears to be the highest rated HHS program thus far**

FY 04 & 05 PART Score Comparisons

Agency	Average Score
IHS	79%
CMS	78%
ACF	49%
CDC	53%
FDA	58%
HRSA	64%
DoD*	55%
VA*	47%
HHS Total	59%

*health care components

PART's Influence on FY 05 Funding Requests

- 7.18% average increase for programs rated as "effective"
- 8.27% average increase for programs rated "moderately effective"
- 3.69% average decrease for programs rated "results not demonstrated"
- 37.68% average decrease for programs rated "ineffective"

PART's Influence on IHS Funding Requests

- + $20M for FY 04 and + $10M for FY 05 for Sanitation Facilities Construction – SFC = 80%
- + $25M for FY 04 and+ $18M for FY 05 Contract Health Services – IHS Dir. Fed. = 77%
- Proposed FY 05 IT cuts dropped – RPMS/IT = 88%
- FY 06 influence unknown!

OMB's Proposed Approach for Achieving Performance

To consistently achieve results/outcomes requires that agencies commit to work collaboratively with critical stakeholders towards:

- Identifying well-focused general goals
- developing a *"logic model"* and working back from the desired outcome to what programs can do
- balancing the goals' relative importance in allocating resources

OMB's Proposed Approach for Achieving Performance - continued

- assessing the relative effectiveness and contribution of each program supporting each goal
- aligning authority with accountability
- reviewing the need for programs that do not contribute to priority goals, and
- being realistic about resources and effectiveness

Emerging Trends for PART

- Congressional pressure for OMB to revise PART including better linkages to GPRA and comparisons with programs addressing the same or similar outcomes
- Conclusion: federal accountability requirements which focus on outcomes are not likely to go away

PART for FY 07

- Tribal Programs to be evaluated
- Similar to Direct Program evaluation 3 years ago
- Tribal consultation has been ongoing

The Essence of GPRA

- The Government Results and Performance Act (GPRA)
  - is a Federal law requiring a data-supported audit trail from appropriated dollars to activities and ultimately to customer benefits or outcomes consistent with an agency's mission
  - requires an annual performance plan, as well as an annual performance report

Has GPRA and Tribal Involvement Influenced Funding Decisions?

- Before GPRA and Tribal Budget Formulation Consultation, IHS average annual funding increase FY 1995-98 = 2.0%
- Since GPRA and Tribal Budget Formulation Consultation, IHS average annual funding increase FY 1999-01 = 7.7%

Annual Performance Plan

Must include:

- Performance goals or indicators for the fiscal year
- Description of resources needed to meet the goals
- Starting in 05, projected fiscal cost of reaching the indicator goal as a total % of budget
- How data to be reported is verified and validated (subject to audit by OMB)

Annual Performance Report

Must include:

- What was actually accomplished in comparison to goals in Plan
- If goals were not met, why not
- Plan for achieving unment goals or reasons why goal is impractical or infeasible

Conclusions:

Preparing well thought out GPRA plans, budget submissions, and PART assessments and utilizing them to guide the ongoing performance management process offers the IHS and it partners the best opportunity to achieve program goals, demonstrate the value of our efforts, and increase support and funding for the health care of the American Indian and Alaska Native population.

GPRA Indicator Development Process

Developing GPRA Indicators

- Timeframes:
  - Process begins two years prior to fiscal year
  - Proposed indicators presented to HHS for comment several months prior to start of fiscal year
  - Completion of review process by HHS at least six months before fiscal year

GPRA Indicator Categories

- Treatment: FY05 21 indicators
  - e.g., Diabetes, cancer prevention, oral health
- Prevention: FY05 12 indicators
  - e.g., immunizations, public health, tobacco control, obesity, etc.
- Capital Programming/Infrastructure: FY05 2 indicators
- Consultation, Partnerships, Core Functions and Advocacy: FY05 3 indicators

Indicator Types

- Process
  - activities and health services that contribute to reducing mortality and morbidity
  - e.g., clinic construction, identify disease prevalence
- Impact
  - evidence-based link to improved health outcomes by reducing risk factors
  - e.g., immunizations, safe drinking water, cancer screenings

Indicator Types

- Outcome
  - directly reduces mortality or morbidity
  - e.g., reduce obesity prevalence, diabetic complications, unintentional injury

HHS and OMB are pushing for
more Outcome and
fewer Process measures

Evolution of an Indicator over years

- Develop policies and procedures related to domestic violence
- Training on these policies and procedures
- Screen for domestic violence in defined age groups
- Evaluate impact of screening for domestic violence

GPRA Trends

- HHS and OMB are pushing for:
  - shorter and simpler GPRA plans
  - more outcome and fewer process measures
  - more explicit linkages between budget and performance
  - more benchmarking to industry standards (HEDIS, HP 2010, etc.)

IHS GPRA Strategies

- For FY 2005 and FY 2006, most clinical GPRA targets are only to *maintain* the previous year's level of service
- Identification of efficiency /outcome/ process measures
- Focus on development performance based budgeting markers
- Ongoing tribal input
- Expand outside partners and resources to address performance goals
- Continue the development of GPRA+ and local training in its use

IHS FY01 GPRA Performance

- 36 of 38 measures reported
  - Not reported- unintentional injuries/ CHS
- 24 of the 36 reported completely met
- 5 partially met (count as not met)
- 7 not met
  - Childhood Immunization
  - Suicide Prevention Protocol
  - FAS Protocol
  - Dental Access
  - Dental Sealants
  - Patient Satisfaction Survey
  - HRMI Survey

IHS FY02 GPRA Performance

- 32 of 40 measures reported
- 25 of the 32 reported completely met
- 2 partially met
- 5 missed
  - Childhood Immunization
  - Influenza Immunization
  - Pap Screening
  - Water Fluoridation
  - HRMI Survey

IHS FY 03 GPRA Performance

- 38 of 41 measures reported
- 30 of the 38 reported completely met

IHS FY03 GPRA Performance

- Treatment measures
  - 20 of 21 measures reported (diabetic prevalence data pending)
  - 15 fully met
  - 1 partially met (YRTC)
  - 5 Not met
    - Pap
    - Mammo
    - Flouridated water
    - Diabetics and dental access
    - Domestic violence

IHS FY 2003 Performance

- Prevention Indicators
  - 11 out of 12 reported (unintentional mortality data pending)
  - 10/11 met
    - Screening high risk patients for HIV not met
    - Screening rates ranged from 0 to 30 %

IHS FY 2003 Performance

- Capital Programming/ Infrastructure
- 2/2 reported
- Both met
  - Facilities
  - Sanitation

IHS FY 2003 Performance

- Partnerships, consultations, core functions and advocacy
  - Reported on 5/6 (CHS rate quotes pending)
  - 4/5 met
    - Did not meet public health infrastructure assessment

GPRA 03 Performance

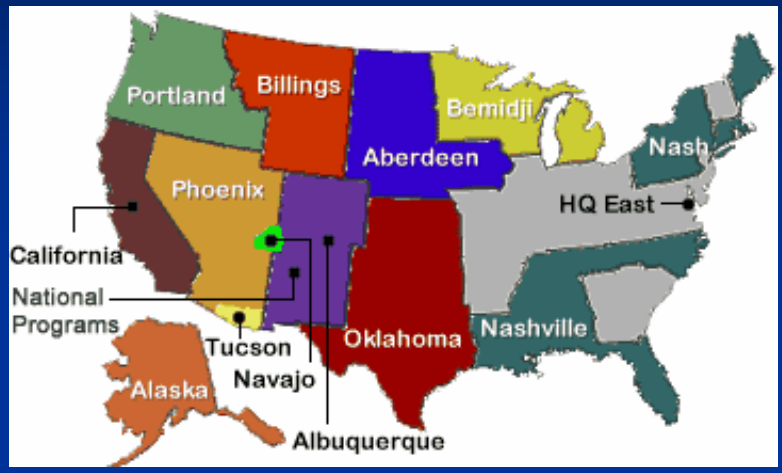
- Achievements include:
  - Clinical data retrieved at the local facility on over 1 million patients
  - Widespread implementation of GPRA+ as a reporting tool
  - Many tribal sites elected to submit data for aggregation in the national report

GPRA 2004 Results

Met/Not Met

As of 12/08/2004

GPRA+ & National GPRA Reporting FY 2004



User Population Represented: over 1.1 million patients

Area	2004	2003	Area	2004	2003	Area	2004	2003
ABR	99%	94%	BIL	81%	87%	OKC	59%	61%
ALK	96%	61%	CAO	99%	96%	PHX	99%	99%
ABQ	100%	100%	NSH	95%	72%	POR	74%	37%
BEM	73%	68%	NAV	100%	99%	TUC	76%	76%

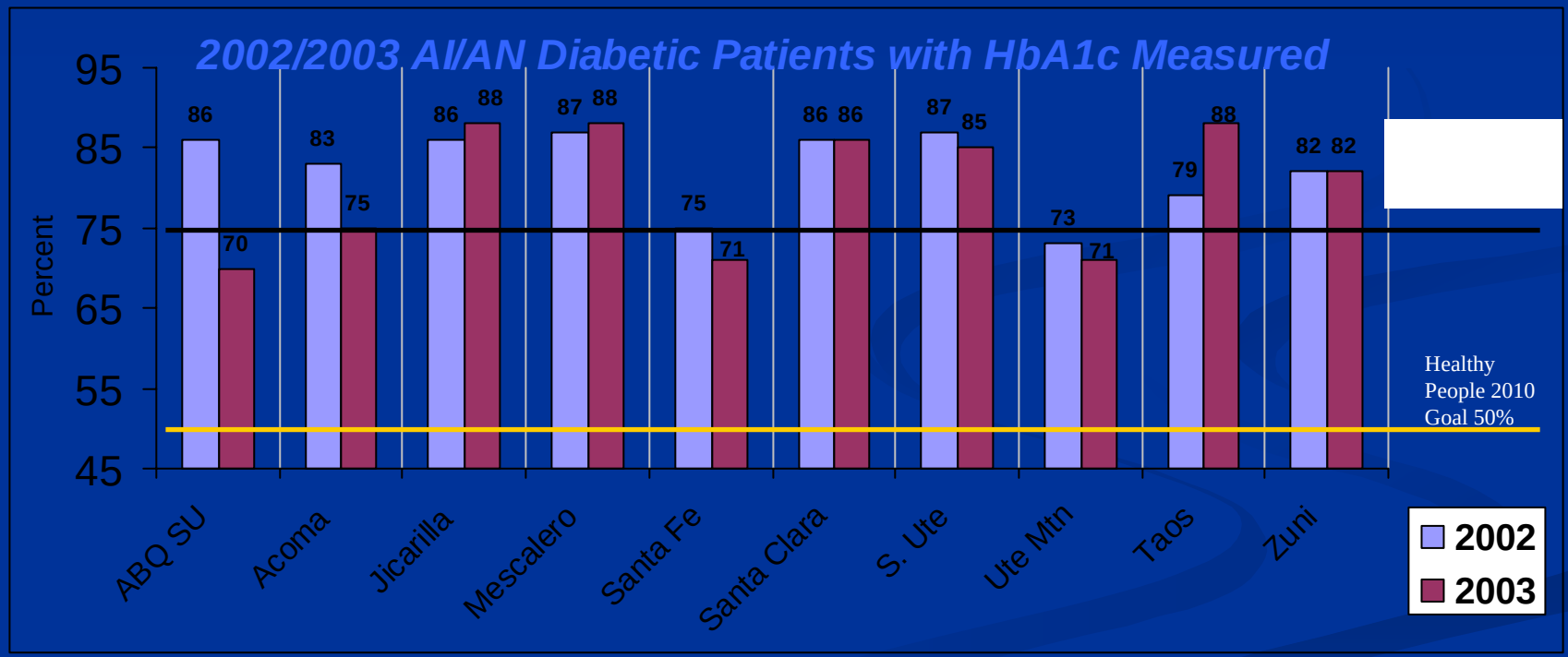
86% of the User Population was represented in the GPRA+ data submission in 2004

That is 1,168,311 Patients!

GPRA FY04 Results

- Reported: 38 of 39 indicators
- Met: 27 of 39
- 11 missed (4 GPRA+)
  - Retinopathy
  - Pap Smear
  - Fluoridation
  - Dental Access
  - Domestic Violence
  - Behavioral Health
  - Consumer satisfaction
  - Childhood IZs
  - HIV
  - Consultation process
  - CHS
- 1 pending results
  - Unintentional Injuries

Local Program Report



Current GPRA 05 Clinical Indicators

- Diabetes Group
  - Prevalence ('background' indicator in 04)
  - Ideal Blood Sugar Control
  - Poor Blood Sugar Control
  - Blood Pressure Control
  - Lipid Evaluation
  - Kidney Evaluation
  - Eye Evaluation (at designated sites)

Current GPRA 05 Clinical Indicators

- Oral Health
  - Access to Dental Services
  - Diabetic Access to Dental Services
  - Dental Sealants
  - fluoride treatments
- Immunizations
  - Adult: Influenza
  - Adult: Pneumococcal
  - Childhood IZ

Current GPRA 05 Clinical Indicators

- Prevention
  - Pap Smear Rates
  - Mammogram Rates
  - FAS Prevention (screen women of child bearing age for alcohol use)
  - Domestic Violence Screening
  - Cardiovascular Disease
    - cholesterol screening

Current GPRA 05 Clinical Indicators

- Obesity Rates (BMI) (improve assessment rates by age/gender)
- Tobacco Use Assessment (improve screening rates)
- Unintentional Injury Rates
- Suicide Data Tracking (RPMS patch to track suicide- national)
- Public Health Nursing (total visits)

Current GPRA 05 Indicators

- GPRA Clinical Indicators from Electronic System
- Implementation of BH data system
- Facility Accreditation
- Medication Errors

Current GPRA 05 Indicators

- Community Based Injury Prevention Interventions
- Unintentional Injuries
- Screening for HIV in prenatal patients
- Web based environmental health surveillance systems
- Sanitation/ Facilities

Current GPRA 05 Indicators

- Tribal Satisfaction with Consultation
- Assess Public Health Infrastructure at Area Offices
- Scholarship program evaluation

The Role of GPRA Today

- The PART performance assessment is largely based on GPRA annual measures
- The GPRA Annual Performance Report remains the most important set of annual measures
- Area Directors' performance contracts with the IHS Director are largely based on GPRA annual measures (must meet 80% of applicable measures)
  - Service Unit Director/ CEO's performance assessment are increasingly based on GPRA annual measures

IHS Clinical Quality Strategies

- Develop more sophisticated data extraction tools (CRS for clinical data)
- Develop indicators through work with external agencies (Tribal Epi Centers, NCQA, AHRQ, etc)
- Develop performance based cost proposals (for instance, to improve PAP smear rates by 10 % would cost xx amount)
- Ultimately, change Outcomes

Integration of Performance Based Budgeting

- FY 05 budget submission included projected cost of meeting indicator goals
- Majority of costs are within the treatment budget (includes CHS costs)
- GPRA indicators account for approximately 70% of projected budget (DHHS goal is 95% of budget evaluated with GPRA indicators)

Looking Forward: New GPRA and PART Quandaries

- Budget and Performance Integration Requirements
  - Strategic plans with limited number of outcome goals and objectives
  - Full cost of achieving performance goals in budget, as well as estimation of marginal costs of changing performance goals
  - Efficiency measure for all programs
  - Part evaluation used to direct program improvements and used to justify funding requests, actions and proposals

Looking Forward: New GPRA and PART Quandaries

- Role of I/T/U in PART and GPRA
  - OMB recommending that programs be evaluated from an integrated I/T/U perspective
  - Recommending re-review of clinical prevention and treatment programs using this approach
  - If not this year, then by next year
- Lump or split programs for PART
  - DHHS recommending 3-6 'overarching' programs for PART evaluation
  - Include treatment, prevention, capital programming

Looking Forward

- Additional indicators
- Increase percent of user population
- Urban participation
- Increase GPRA emphasis – time, money, expertise
- GPRA 2006 – total integration into budget submission

Ongoing Issues

- Transition to GPRA+ data for as many indicators as possible
- Overall, we have data on over 1.1 million patients through GPRA+ for FY 04
- Trends show improvement and / or stable rates for most clinical indicators
- **Meeting performance contract goals and/ or GPRA goals is insufficient to improve health status and/ or meet HP 2010 goals by 2010**

A CRS Indicator Example

Women's Health: Pap Rates

- Indication
  - To reduce the mortality and morbidity of cervical cancer which occurs at higher rates among AIAN woman than the general U.S. population.
- Rationale
  - Premature mortality
  - Preventable cancer through timely screening and follow-up

Indicator 7 – PAP Screening

- Denominator
  - All Active Clinical female patients ages 18 through 64 without a documented history of hysterectomy
- Numerator
  - Patients with documented pap smear or refusal within 3 years prior to end of time period

#7 Pap Smear (con't)

- CRS 2005 Logic - Denominator Exclusions

	CPT Codes	ICD and Other Codes
Hysterectomy	51925, 56308, 58150, 58152, 58200-58294, 58550-58554, 58951, 58953-58954, 59135, 59525	**V Procedure:** 68.4 – 68.8

#7 Pap Smear (con't)

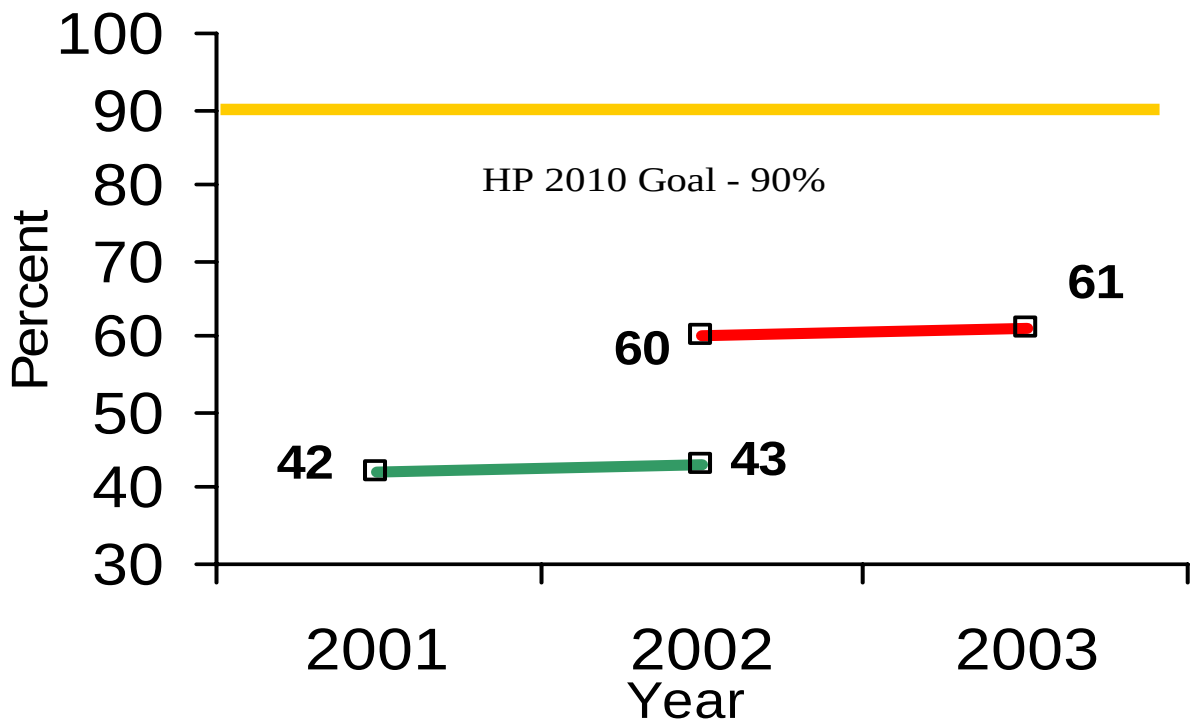
- CRS 2005 Logic - Numerator

	CPT Codes	ICD and Other Codes
Pap Smear	88141–88167, 88174-88175	**VLab:** PAP SMEAR **POV:** V76.2-Screen Mal Neop-Cervix **V Procedure**: 91.46 **Women's Health Tracking:** procedure called Pap Smear **LOINC Taxonomy** **Site-defined Taxonomy** **Refusals:** Lab Test value Pap Smear

Pap Smear

Indicator 7: Percent of AI/AN women ages 18-64 who received Pap smear within the past three years

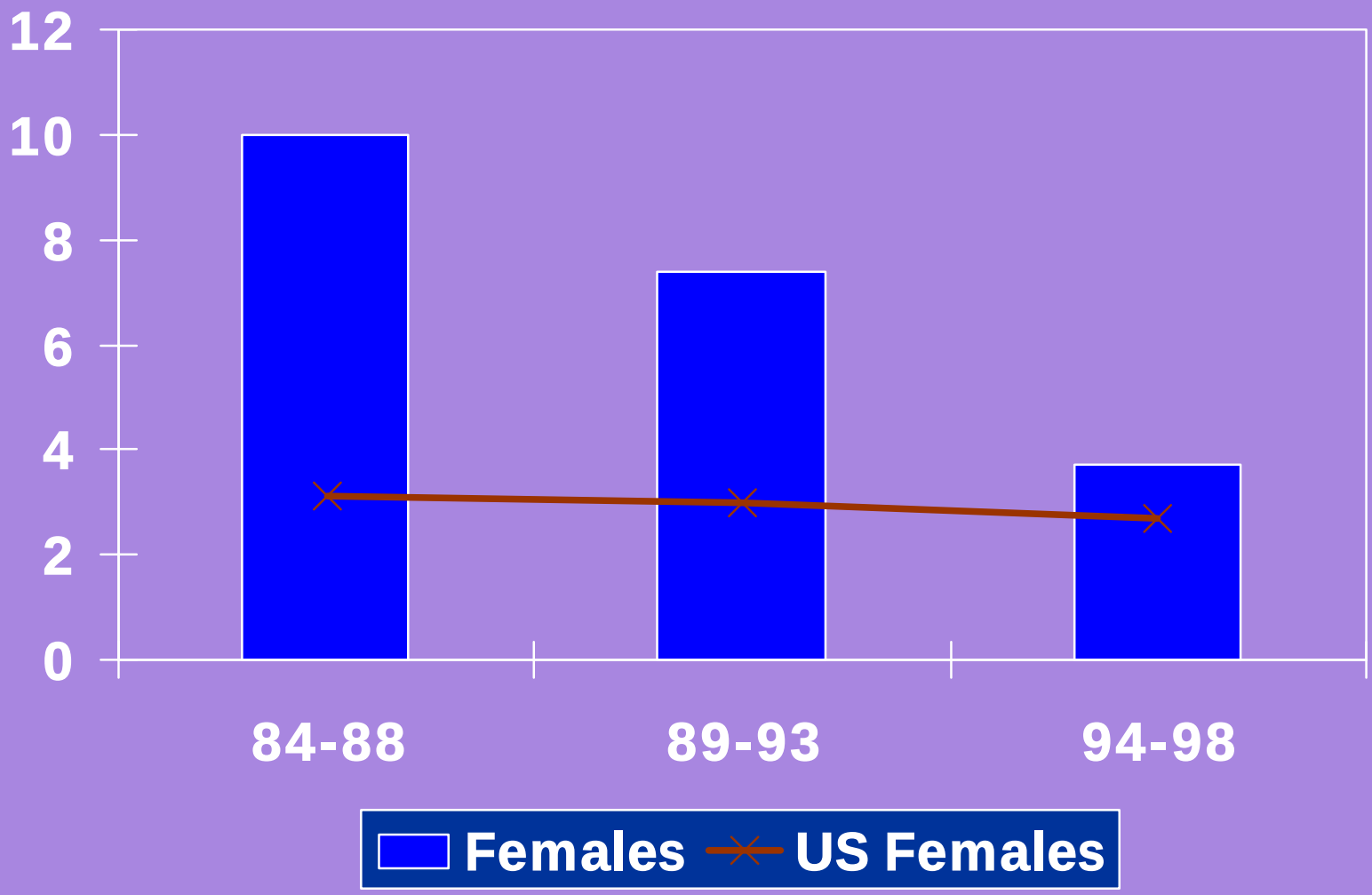
2001-2003



Maintain the 2002 performance level - Exceeded

HP 2010 - 90%

AI/AN Age-Adjusted Cervical Cancer Mortality Rates, Compared to U.S. All Races, 1984-1998



CRS 2005

www.ihs.gov/CIO/crs

Clinical Reporting System (CRS)

- RPMS software application that produces reports for GPRA and other clinical indicator measures based on RPMS data
  - based on software developed by Aberdeen Area in 2000
- Provides automated local and Area tracking of clinical performance on demand
- Intended to eliminate the need for manual chart audits for evaluating and reporting clinical indicators

CRS

- Identical logic ensures *comparable* performance data across all facilities
- Updated annually to reflect changes in the logic descriptions and to add new indicators
- Local facilities can choose to transmit data for National GPRA and HEDIS performance reporting to their Area
- Area Offices can produce aggregated Area performance reports

CRS Disclaimer

- Software is not a solution
- Software is only a *tool* to assist you (and your facility) in identifying and aggregating *comparable* clinical information
- Software can *help* you identify problems
  - with data
  - with clinical documentation process
  - with clinical care

What is an Indicator Topic?

- **Indicator Topic**: an overarching clinical topic (e.g., pneumococcal immunization rates)
- Each topic has one or more:
  - Denominator: definition of the total population that is being reviewed
  - Numerator: the number of patients from the denominator who meet the criteria identified

Topic Example: Pneumococcal Immunizations

- Denominators
  - Active Clinical patients 65 and older
  - Active Diabetic patients
  - User Population patients 65 and older
- Numerators
  - Patients with Pneumovax ever, including refusals
  - Patients with documented refusals (REF) or not medically indicated (NMI)

What is an Indicator?

- An Indicator is one denominator and one numerator for an Indicator Topic
- A GPRA Indicator is the indicator defined by the agency as a specific performance measure to be reported to Congress

Example: CRS GPRA Indicator

- **CRS Denominator:** Active Clinical patients 65 or older.
- **CRS Numerator:** Patients with Pneumococcal vaccine documented at any time before the end of the Report Period, including refusals in past year.

Key Denominator: Active Clinical Population

- Developed specifically for clinical indicators to identify more representative "active" population than User Pop
- For GPRA, defined as:
  - Must be Indian/Alaska Native, based on Beneficiary classification 01
  - Must reside in a community specified in the site's GPRA community taxonomy
  - Must be alive on last day of Report Period
  - Must have 2 visits to defined medical clinics in the past 3 years

CRS 2005 v5.0 Indicator Topics

Diabetes Group

Diabetes Prevalence
Diabetes Comprehensive Care+
Glycemic Control*
Blood Pressure Control*
Dyslipidemia Assessment*
Nephropathy Assessment*
Diabetic Retinopathy*
Diabetic Access to Dental Services*

Dental Group

Access to Dental Services*
Dental Sealants*

Immunization Group

Adult Influenza*
Adult Pneumococcal*
Childhood Immunizations*+

*** Topic with GPRA Indicator**

+ New CRS Indicator Topic

CRS 2005 v5.0 Indicator Topics

- **Cancer Screening Group**

Pap Smear Rates*

Mammogram Rates*

Colorectal Cancer Screening

Tobacco Use Assessment*

Tobacco Cessation

- **Behavioral Health Group**

Alcohol Screening (FAS Prevention)*

Intimate Partner (Domestic) Violence Screening*

Depression/Anxiety Screening+

*** Topic with GPRA Indicator**

+ New CRS Indicator Topic

CRS 2005 v5.0 Indicator Topics

- **CVD-related Group**

Obesity Assessment (BMI)*

Childhood Obesity Reduction (BMI)+

Nutrition and Exercise Education for At Risk Patients (Overweight or Diabetic)

Cholesterol Screening*

Blood Pressure Control

Controlling High Blood Pressure

Comprehensive CVD-related Assessment+

*** Topic with GPRA Indicator**

+ New CRS Indicator Topic

CRS 2005 v5.0 Indicator Topics

- **STD-Related Group**

Prenatal HIV Testing*

HIV Quality of Care

Chlamydia Screening

- **Disease-Specific**

Asthma

Chronic Kidney Disease Assessment+

- **Other Clinical Indicators**

Medications Education

Public Health Nursing*

*** Topic with GPRA Indicator**

+ New CRS Indicator Topic

How Does CRS Work?

- "Scavenger" hunt – looks in multiple RPMS packages for any related code
- Logic is based whenever possible on standard national codes
  - e.g., ICD-9, CPT, LOINC and national IHS standard codesets (Health Factors, patient education codes) in predefined taxonomies
- For non standard terminology, uses site-defined taxonomies populated by each facility with its own codes.
  - e.g., lab tests and medications

How is CRS Logic Developed?

- Indicator denominators and numerators are "translated" into programming code
  - by clinical subject matter experts
  - an English text expression was defined specifically in terms of what RPMS fields to look at and what values to look for to fit the definition.
  - programmer codes the software

Logic Example: Pneumovax

- Active Clinical patients ages 65 and older with Pneumovax documented ever.
  - **Immunization (CVX) codes:** 33 Pneumococcal Polysaccharide Vaccine; 100 Pneumococcal Conjugate Vaccine; 109 Pneumo NOS, *OR*
  - **POV:** V06.6; V03.89, V03.82, *OR*
  - **CPT:** 90669, 90732, *OR*
  - **V Procedure:** 99.55, *OR*
  - **Refusals:** Immunization codes 33, 100, 109

Standard Codes

- Identified for CRS in "pre-defined" taxonomies (e.g., hard-coded by programmer)
- CPT: to report diagnostic and therapeutic procedures for billing
- ICD:
  - Diagnoses (POV, Problem List)
  - Procedure codes
- LOINC: for laboratory tests, etc.
- IHS National Patient Education Codes
- IHS Health Factors

Site-Defined Taxonomy Examples

DM AUDIT HGB A1C TAX All Hemoglobin A1C lab tests – used by Diabetes: Glycemic Control indicator	HgbA1C, A1C, HbA1c, Hemoglobin A1C, Glycosylated hemoglobin, Glycohemoglobin A1c
DM AUDIT MICROALBUMINURIA TAX All Microalbuminuria Lab Tests – used by Diabetes: Nephropathy Assessment indicator topic	Microalbuminia Micral, Microalbuminia, Urine A/C Ratio, AC Ratio, ACR, Microalbumin/ Creatinine Ratio, Microalbumin Random

CRS 2005 Report Types

- National GPRA
  - GPRA indicators
  - Other key clinical indicators
- Selected Indicators
  - All Indicator Topics with all denominators and all numerators
- HEDIS Performance
  - 13 HEDIS Indicator Topics

National GPRA Report

- GPRA indicators and other key clinical indicators
- Includes Summary Page comparing local performance to last year's national performance
- Export to Area
- Uses AI/AN population only
- User can run ***separate option*** for Patient Lists
- Recommended to be run *at least* quarterly

Selected Indicators Report

- All Indicator Topics with all denominators and all numerators
- Displays *both* Active Clinical and User Population denominators, in addition to any indicator-specific denominators
- Select *one* or *multiple* indicators *or* from *predefined* groups (e.g., Diabetes, Women's Health, etc)
- User can select population: AI/AN (Beneficiary 01), non AI/AN or both
- User can produce Patient Lists with report

Patient Lists

- Lists of Patients
  - Random sample (10%)
  - By designated provider
  - All patients
- National GPRA patient lists: User chooses to include:
  - Patients meeting the indicator (included in numerator), or
  - Patients not meeting the indicator, or
  - Both

Patient Lists

- Selected Indicators and HEDIS patient lists: Depending on indicator, may include:
  - Patients meeting the indicator (included in numerator)
  - Patients not meeting the indicator
  - Both

Area Aggregate Reports

- For National GPRA and HEDIS Performance reports
- Aggregates any data files received from sites and produces Area summary report
- Individual uploaded data files must have matching time periods (date range, report year, AND baseline year) *and* populations

CRS 2005 v5.0: Current Status

- Beta testing completed Oct. 15, 2004
  - Cherokee (NSH)
  - Indian Health Care Resource Center (IHCRC) of Tulsa (OKC)
  - Albuquerque Service Unit (ABQ)
  - Feather River Tribal Health, Inc. (CAO)
  - Taos-Picuris Service Unit
- National release: October 21, 2004

CRS 2005 v5.1: Current Status

- Planned schedule
  - Begin logic definition: Sep 2004
  - Begin programming: Mid-Oct 2004
  - Begin beta testing: Late Feb 2005
  - National release: Late Mar 2005

How Can CRS Help?

- Allows passive, automated extraction of clinical indicators
- Identifies specific healthcare problems in a specific I/T/U population
- Shows your facility's performance against national averages, on demand
- Identifies clinical areas of *concern* or *excellence*